CITY OF ELGIN 25073

City Of Elgin

Visa Card Services
PO Box 569100
Dallas, TX 75356-9100

Warrant: 025073 Amount: 4,065.29
Date: 10/28/2015 Account:
For: Inv 20151028-12 $4065.29

Invoices:

20151028-12	Inv 20151028-12 $4065.29	4,065.29

QUILL.COM

CARD SERVICE CENTER VISA

BROCK ECKSTEIN
Account Number: XXXX XXXX XXXX 0576

Billing Questions: 800-367-7576

Website: www.cardaccount.net

Send Billing Inquiries To: Card Service Center, PO Box 569120, Dallas, TX 75356

COMMUNITY BANK Credit Card Account Statement
September 4, 2015 to October 2, 2015

SUMMARY OF ACCOUNT ACTIVITY

Previous Balance	$949.78
- Payments	$949.78
- Other Credits	$0.00
+ Purchases	$4,065.29
+ Cash Advances	$0.00
+ Fees Charged	**$0.00**
+ Interest Charged	**$0.00**
= New Balance	$4,065.29
Account Number	XXXX XXXX XXXX 0576
Credit Limit	$10,000.00
Available Credit	$5,934.00
Statement Closing Date	October 2, 2015
Days in Billing Cycle	29

PAYMENT INFORMATION

Inv # 0151028-12

New Balance:	$4,065.29
Minimum Payment Due:	$121.96
Payment Due Date:	**October 28, 2015**

RECEIVED
OCT 13 2015
BY: ....

TRANSACTIONS

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
09/26	09/26	74707128F00XW3NQW	PAYMENT - THANK YOU	$949.78-
09/07	09/08	24493987SHH4FK2RW	LAS VEGAS SUPERSHUTTLE 702-400-6255 NV	$118.00 Amz
09/10	09/11	24717057X7XS1DP1B	OSP OPEN RECORDS 503-3783070 OR Library	$10.00
09/13	09/14	2443099812LZX4V90	MSFT * E04001B8P4 800-642-7676 NV	$99.00 Adm-Capitol
09/15	09/16	2471705827XVHK1Q4	OSP OPEN RECORDS 503-3783070 OR Library	$10.00
09/15	09/17	240710583WMM9LRR0	BLUE MOUNTAIN COMMUNIT PENDLETON OR	$340.00
09/15	09/18	244310684PZW5KDX4	ALASKA AIR 0272178320759 SEATTLE WA	$25.00
		09/16/15	SILVERNAIL/KEVIN	

Transactions continued on next page

1-2

CREDITING OF PAYMENTS

All payments received by 5:00 PM during the Card issuer's normal business day at the address indicated on the reverse side of this statement will be credited to your account as of the date of receipt of the payment. If payment is made at any location other than that address, credit of the payment may be delayed up to 5 days.

BILLING RIGHTS SUMMARY

What to do if You Think You Find a Mistake on Your Statement

If you think there is an error on your statement, write to us at BBCS, Attn: Dispute Department, 1550 North Brown Road, Suite 150, Lawrenceville, GA 30043 as soon as possible. In your letter, give us the following information: your name and account number; the dollar amount of the suspected error; and if you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While we do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

Your Rights if You are Dissatisfied with Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, all of the following must be true:

- The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than $50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
- You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
- You must not yet have fully paid for the purchase. If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: BBCS, Attn: Dispute Department, 1550 North Brown Road, Suite 150, Lawrenceville, GA 30043.

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

EXPLANATION OF INTEREST CHARGES

The Interest Charge shown on the front is the sum of the Interest Charges computed by applying the Periodic Rate(s) to the Average Daily Balance and adding any applicable transaction charge authorized in the Cardholder Agreement. The method for computing the balance subject to Interest Charge is an average daily balance (including new purchases) method.

We figure the interest charge on your account by applying the periodic rate(s) to the "average daily balance" of your account (including in some instances current transactions). To get the "average daily balance", we take the beginning balance of your account each day, add any new cash advances and subtract any payments or credits and any unpaid interest charges. If you paid in full the Previous Balance shown on this statement by the payment due date shown on the previous statement, we subtract from each day's beginning balance the amount of such Previous Balance included in that beginning balance and also do not add in any new purchases. Otherwise the amount of the Previous Balance is not subtracted and we add in any new purchases. This gives us the daily balance. Then we add all the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "average daily balance."

HOW TO AVOID INTEREST CHARGES: You have until the payment due date shown on your periodic statement to repay your balance before an interest charge on purchases will be imposed.

ANNUAL FEE DISCLOSURES

If an annual fee is shown on the front of the statement, see the front for information about the following matters: the annual percentage rate for purchases, certain information regarding any variable rate feature, the amount of the annual fee, any minimum interest charge, and any transaction charges for purchases. The method for computing the balance subject to interest charge on your account is an Average Daily Balance (including new purchases) method and is explained above.

If you terminate your account within 30 days from the Closing Date shown on the front of this statement, you will not owe the annual fee (and have the right to have it credited to your account) and may use your card(s) during that 30 day period without becoming obligated for the annual fee. To terminate your account you should give us written notice sent to the address for billing inquiries as shown on the front of this statement. All cards should be cut in half and returned with your termination notice.

CREDIT BALANCES

Any credit balance on your account (indicated by a "-" on the front of this statement) is money we owe you. You can make charges against this amount or request and receive a full refund of this amount by writing us at: Card Service Center, PO Box 569100, Dallas, TX 75356-9100. Any amount not charged against or refunded upon request that is over $1.00 (equal to or in excess of $1.00 if you live in MA or any amount in NY) will be refunded automatically within six months after the credit balance was created (four billing cycles in MD).

TRANSACTIONS (continued)

An amount followed by a minus sign (-) is a credit unless otherwise indicated.

Tran Date	Post Date	Reference Number	Transaction Description	Amount
		1 AS G	WALLA WALLA SEATTLE	
09/15	09/18	244310684PZW5KEQB	ALASKA AIR 0272178320763 SEATTLE WA	$25.00
		09/16/15	ARRAND/MERCEDES	
		1 AS G	WALLA WALLA SEATTLE	
09/15	09/18	244310684PZW5KE11	ALASKA AIR 0272178320760 SEATTLE WA	$25.00
		09/16/15	PERKINS/TRAVIS	
		1 AS G	WALLA WALLA SEATTLE	
09/15	09/18	244310684PZW5KE4V	ALASKA AIR 0272178320761 SEATTLE WA	$25.00
		09/16/15	ROULET/JENNIFER	
		1 AS G	WALLA WALLA SEATTLE	
09/15	09/18	244310684PZW5KE8E	ALASKA AIR 0272178320762 SEATTLE WA	$25.00
		09/16/15	ARRAND/TOM	
		1 AS G	WALLA WALLA SEATTLE	
09/18	09/20	24436548606T3QZVM	ULTIMATE OFFICE SOLUTION 732-7806911 NJ	$674.60
09/19	09/20	244921586S15F0QJA	PP*INNOVATIVEP KNOXVILLE TN	$40.00
09/19	09/22	244310688PZWE5SBE	ALASKA AIR 0272178610040 SEATTLE WA	$25.00
		09/20/15	ROULET/JENNIFER	
		1 AS L	LAS VEGAS SEATTLE	
09/19	09/22	244310688PZWE5SEZ	ALASKA AIR 0272178610041 SEATTLE WA	$25.00
		09/20/15	ARRAND/TOM	
		1 AS L	LAS VEGAS SEATTLE	
09/19	09/22	244310688PZWE5SJW	ALASKA AIR 0272178610042 SEATTLE WA	$25.00
		09/20/15	ARRAND/MERCEDES	
		1 AS L	LAS VEGAS SEATTLE	
09/19	09/22	244310688PZWE5S3Y	ALASKA AIR 0272178610038 SEATTLE WA	$25.00
		09/20/15	SILVERNAIL/KEVIN	
		1 AS L	LAS VEGAS SEATTLE	
09/19	09/22	244310688PZWE5S7H	ALASKA AIR 0272178610039 SEATTLE WA	$25.00
		09/20/15	PERKINS/TRAVIS	
		1 AS L	LAS VEGAS SEATTLE	
09/20	09/22	2486948887LV82TY6	WHITTLESEA BLUE TAXI LAS VEGAS NV	$19.80
09/21	09/22	2475542884E50XWED	EMBASSY SUITES CONV CTR LAS VEGAS NV	$555.52
09/21	09/22	2475542884E50XWEM	EMBASSY SUITES CONV CTR LAS VEGAS NV	$555.52
09/21	09/22	2475542884E50XWF7	EMBASSY SUITES CONV CTR LAS VEGAS NV	$555.52
09/21	09/22	2475542884E50XWLK	EMBASSY SUITES CONV CTR LAS VEGAS NV	$555.52
09/25	09/27	24013398D02ERPW0J	THE PHOENIX RESTAURANT BEND OR	$96.00
09/29	09/30	24270748HEF1NWJWE	WATER-WASTEWATER 913-8954600 KS	$95.00
09/29	10/01	24610438H03T2T5J2	ADOBE *ACROPRO SUBS 800-833-6687 CA	$14.99
09/30	10/01	24046038H0066QHF7	CHEVRON 00093879 ELGIN OR	$75.82

INTEREST CHARGE CALCULATION

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	Interest Charge
Purchases	14.24% (v)	$0.00	29	$0.00
Cash Advances	14.24% (v)	$0.00	29	$0.00

(v) - variable

To avoid additional interest charges, pay your New Balance in full on or before the Payment Due Date.

Elgin RFPD

From: SuperShuttle [reservations@SuperShuttle.com]
Sent: Sunday, September 06, 2015 10:56 AM
To: elginrfpd@frontier.com
Subject: SuperShuttle Reservation Confirmation 7548980/7548979

SuperShuttle
Need a lift?

Confirmation

Click Continue to claim your **$20 Rebate** on today's reservation!

Continue

Billing terms and conditions apply. Claim your Cash Back with enrollment in Great Fun.

Dear Kevin Silvernail,
Below is a summary of your confirmed service with SuperShuttle. This information is for your records. No additional action is necessary.

Arrival itinerary (From the airport)

Confirmation Number:	7548980

Your reservation from the airport will help SuperShuttle better serve you and expedite your travel. Due to airport security, traffic conditions and other travel variables, your reservation does not mean there will be a van waiting for you at the curb.

Airport:	LAS - LAS VEGAS MCCARRAN AIRPORT
Airline:	ALASKA AIRLINES
Flight #:	596
Flight Date/Time:	Wednesday, September 16, 2015 12:19 PM
Drop Off:	EMBASSY SUITES-CONVENTION CTR 3600 PARADISE RD LAS VEGAS, NV 89169 1 (541) 786-2942
Passengers:	5
Service Type:	SHARED RIDE VAN SERVICE (UP TO 7 PASSENGERS IN PARTY)
Fare:	$50.00
Tip:	$9.00
Total:	**$59.00**

526 - 10 - 43-a

Special Instructions

Terminal 1: After collecting your luggage, exit the baggage claim area via Door 11 (behind Starbucks) and proceed right to the SuperShuttle ticket booth to speak with a uniformed Customer Service Representative. Terminal 3: After collecting your luggage, proceed to the SuperShuttle ticket booth to speak with a uniformed Customer Service Representative. The SuperShuttle booth is located outside of Door 53, to the right of the baggage claim.

If you are traveling with children, State laws do not allow children to ride in the lap of an adult. If your child is under the minimum age/weight standards, you must supply an approved car seat for each child to whom the applicable law applies when transporting children in a van, sedan or taxi cab. Traveling parents and legal guardians are responsible to be knowledgeable about the applicable laws in the states in which they will be traveling. Additionally, SuperShuttle does not provide child restraint seats. Operators reserve the right to refuse service to parties out of compliance with state law. For more information on applicable laws, please visit the Insurance Institute for Highway Safety website.

Departure Itinerary (To the Airport)

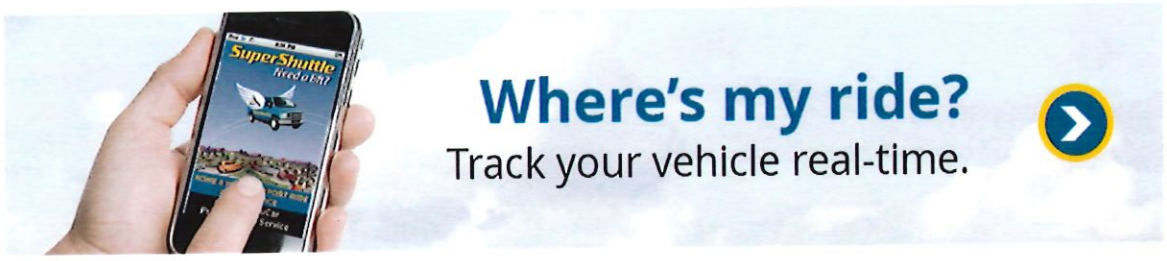
Confirmation Number:	7548979
Pickup Date/Time:	Sunday, September 20, 2015 5:05 AM - 5:20 AM

Our 15-minute pick-up window means that the van will normally arrive within 15 minutes of your scheduled pickup time. Please make sure that you are completely ready to go at the **beginning of your scheduled pickup time window** so that you will not keep other passengers waiting!

Pickup:	EMBASSY SUITES-CONVENTION CTR 3600 PARADISE RD LAS VEGAS, NV 89169 1 (541) 786-2942
Airport:	LAS - LAS VEGAS MCCARRAN AIRPORT
Airline:	ALASKA AIRLINES
Flight #:	615 - Domestic
Flight Date/Time:	Sunday, September 20, 2015 6:50 AM
Passengers:	5
Service Type:	SHARED RIDE VAN SERVICE (UP TO 7 PASSENGERS IN PARTY)
Fare:	$50.00
Tip:	$9.00
Total:	**$59.00**

Special Instructions

If you are traveling with children, State laws do not allow children to ride in the lap of an adult. If your child is under the minimum age/weight standards, you must supply an approved car seat for each child to whom the applicable law applies when transporting children in a van, sedan or taxi cab. Traveling parents and legal guardians are responsible to be knowledgeable about the applicable laws in the states in which they will be traveling. Additionally, SuperShuttle does not provide child restraint seats. Operators reserve the right to refuse service to parties out of compliance with state law. For more information on applicable laws, please visit the Insurance Institute for Highway Safety website.



Billing	
Payment Method:	PREPAID CREDIT CARD
Card type:	VISA
Roundtrip total fare:	**$118.00**

Thank you for using SuperShuttle!

We value your safety. Please wear your seatbelt during your ride with us.

To view our cancellation policy, click [here] .

To make a change or cancel, call 1(800)BLUE-VAN (258-3826).

Contact | Terms | Privacy

Microsoft®

INVOICE

Invoice No.:	E04001B8P4
Order ID:	6c482f92-76f9-44e6-abcc-278bc273a4
Billing Month:	09/2015
Customer P.O No.:	
Document Date:	9/4/2015
Customer Service:	https://portal.microsoftonline.com/Support/C

Bill To: 1286579381

Elgin Ambulance Service
PO Box 128
180 N 8th Ave
Elgin OR 97827
United States
Attn:City of Elgin

Sold To: 1286579381

Elgin Ambulance Service
PO Box 128
180 N 8th Ave
Elgin OR 97827
United States
Attn:Kevin Silvernail

Service

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Balances, Payments & Credits		
Previous balance	0.00	
Payments	0.00	
Post Bill and AR adjustments	0.00	
Total Balances, Payments & Credits	0.00	
Current Charges		
Recurring charges	99.00	
Discounts	0.00	
Other products & services	0.00	
Miscellaneous Adjustments	0.00	
Total Pre-Tax Charges	99.00	
Total Tax	0.00	
Total Current Charges	99.00	USD
Total Amount Due:	**99.00**	**USD**

594-14-64-00

Microsoft®

INVOICE

Invoice No.:	E04001B8P4
Order ID:	6c482f92-76f9-44e6-abcc-278bc273a4
Billing Month:	09/2015
Customer P.O No.:	
Document Date:	9/4/2015
Customer Service:	https://portal.microsoftonline.com/Support/C

Elgin Ambulance Service

Item	Partner	Unit Price	Invoic
AAA-10633 Office 365 Business Service Dates: 9/3/2015 - 9/2/2016		99.00	
Discounts			
Taxes			

Sub-Total

Taxes

Grand Total

BMCC BookStore
2411 NW Carden Ave
PO Box 100
Pendleton, OR 97801
541-278-5733
Fax: 541-278-5842

SALE

00100122625772146700

Description	SKU #	Amount
EMERGENCY CARE	012008	328.00 N
2 @ 164.00		
SHIPPING BKSTRE	001554	12.00 N

T O T A L S A L E		340.00
MasterCard/Visa	340.00	
T O T A L T E N D E R		340.00

9/15/2015 1:51:12 PM 001-146700
Assoc: Mike

Credit Card Information:
Card Type : MasterCard/Visa
Card Nbr : XXXXXXXXXXXX0576
Cardholder :
Auth Code : 015985

Textbooks may be returned no later than the 2nd Friday of the current term & must be in their original condition & packaging. Software & electronics non-returnable but may be exchanged if defective.
A RECEIPT IS REQUIRED ON ALL RETURNS.

526-40-00-00

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Receipt For Fees

Alaska

Traveler Info

Confirmation Code OKQRTN
Traveler: Kevin Silvernail
e-Ticket Number: 0277484844656

Billing Info

Billed To: Kevin Silvernail
Total Charged: US$25.00

Purchase Summary

Fees

Kevin Silvernail

Date of Purchase	Form of Payment		
Tue, Sep 15	VI**********0576	**Bag Fee:**	**$25.00**
		Total for Kevin Silvernail:	**$25.00**

$25.00 x 10 = 250.00

bagger to + from

526-10-43-00

Traveler Info

Confirmation Code OKQRTN
Traveler: Travis Perkins
e-Ticket Number: 0277484844657

Billing Info

Billed To: Travis Perkins
Total Charged: US$25.00

Purchase Summary

Travis Perkins

Date of Purchase	Form of Payment	Fees	
Tue, Sep 15	VI**********0576	Bag Fee:	$25.00
		Total for Travis Perkins:	$25.00

Traveler Info

Confirmation Code OKQRTN
Traveler: Jennifer Roulet
e-Ticket Number: 0277484844658

Billing Info

Billed To: Jennifer Roulet
Total Charged: US$25.00

Purchase Summary

Jennifer Roulet

Date of Purchase	Form of Payment	Fees	
Tue, Sep 15	VI**********0576	Bag Fee:	$25.00
		Total for Jennifer Roulet:	$25.00

Traveler Info

Confirmation Code OKQRTN
Traveler: Tom Arrand
e-Ticket Number: 0277484844659

Billing Info

Billed To: Tom Arrand
Total Charged: US$25.00

Purchase Summary

Tom Arrand

Date of Purchase	Form of Payment		Fees
Tue, Sep 15	VI**********0576	**Bag Fee:**	**$25.00**
		Total for Tom Arrand:	**$25.00**

Traveler Info

Confirmation Code OKQRTN
Traveler: Mercedes Arrand
e-Ticket Number: 0277484844660

Billing Info

Billed To: Mercedes Arrand
Total Charged: US$25.00

Purchase Summary

Mercedes Arrand

Date of Purchase	Form of Payment		Fees
Tue, Sep 15	VI**********0576	**Bag Fee:**	**$25.00**
		Total for Mercedes Arrand:	**$25.00**

ULTIMATE OFFICE SOLUTIONS

317 FAIRFIELD RD
FREEHOLD NJ 07728-7829

PO53049 09/16/2015
23KXP7S

SHIP TO

CITY OF ELGIN
180 N 8TH AVE

ELGIN OR 97827

SPLIT ORDER FROM REF# 18K6GKY

SHIP VIA: UPS

BROCK ECKSTEIN

Item Number Ordered As	Description	UM	Quantity Ord	Quantity Ship	Unit Price	Price
FEL 52225	POUCH,LAM,LTR SZ,50/PK	PK	1	1		
	1					
POUCH,LAM,LTR SZ,50/PK						

514 10 31 00

$674.60

THANK YOU FOR YOUR ORDER

SEE REVERSE SIDE

FOR RETURNS INFORMATION

PAGE NO: 1
LAST PAGE: 1

PL INSIDE

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Elgin RFPD

From: service@paypal.com
Sent: Saturday, September 19, 2015 11:06 AM
To: elginrfpd@frontier.com
Subject: Receipt from Innovative Products, Inc. for $40.00 USD

Innovative Products, Inc.

709 Market Street
Suite One
Knoxville, TN
37902
US

Phone: (865) 322-9715

www.magneticmic.com

Sep 19, 2015 11:05:58 PDT
View your receipt

$40.00 USD

Help | Resolution Center | Security Center

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PayPal Email ID PP1709 - 309143bee3b9d

526-20-48-01

PASSENGER COPY
CARD RECEIPT

CABNUMBER :	5514
DATE :	09/20/2015
START TIME:	04:48
END TIME :	05:02
PASSNUMBER:	1
TRIPNUMBER:	1157
DISTANCE :	3.60
RATE 1	
FARE :	$ 16.22
EXTRA :	$ 0.00
EXCISE TAX	
RECOVERY :	$ 0.58
TIP :	$ 0.00
VOUCHER :	$ 3.00
TOTAL :	$ 19.80
CARDNUMBER:	****0576
AUTHNUMBER:	020861

1(888) 432-7031
www.verifonets.com

Accepted by:

526-10-43-00

SIGN-UP

(Limited to 100)

Must sign up for each class!

For more information contact Sue at 509.443.3332 or sue@biassoftware.com

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3600 PARADISE ROAD
LAS VEGAS, NV 89169
TELEPHONE 702-893-8000 • FAX 702-893-0378

EMBASSY SUITES HOTELS®

Name & Address
Silvernail, Kevin

180 N 8TH AVE

ELGIN OR 97827
UNITED STATES OF AMERICA

Room 415/KNGN
Arrival Date 9/16/2015 1:43:00 PM
Departure Date 9/20/2015 4:42:00 AM
1/0
124.00
Adult/Child
Rate Plan: LV6
HHR# Rate
AL:
Car:

Confirmation Number: 83100393

9/20/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

NOTICE TO DEBIT CARD USERS: Please be advised that Embassy Suites Hotel® is not responsible for any overdraft caused by funds held by your bank to cover room and tax, plus estimated incidental amount of $50.00 per day for your entire stay. Your bank will hold the funds for a minimum of three (3) business days from your checkout date.

Signature

DATE	REFERENCE	DESCRIPTION	AMOUNT
9/16/2015	3912533	GUEST ROOM	$124.00
9/16/2015	3912533	TAXES	$14.88
9/17/2015	3913047	GUEST ROOM	$124.00
9/17/2015	3913047	TAXES	$14.88
9/18/2015	3913583	GUEST ROOM	$124.00
9/18/2015	3913583	TAXES	$14.88
9/19/2015	3914228	GUEST ROOM	$124.00
9/19/2015	3914228	TAXES	$14.88
9/20/2015	3914441	VS *0576	($555.52)
		BALANCE	$0.00

555.52 X 4 = 2222.08

526 - 10 - 43 - 00

746273 A

ACCOUNT NO.

CARD MEMBER NAME

THANK YOU FOR STAYING AT THE EMBASSY SUITES - BY HILTON CONVENTION CENTER LAS VEGAS

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	-555.52
TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

WALDORF ASTORIA HOTELS & RESORTS
CONRAD HOTELS & RESORTS
Hilton HOTELS & RESORTS
DOUBLETREE BY HILTON
EMBASSY SUITES
Hilton Garden Inn
Hampton
HOMEWOOD SUITES by Hilton
HOME2 SUITES BY HILTON
Hilton Grand Vacations
HHONORS HILTON WORLDWIDE

3600 PARADISE ROAD
LAS VEGAS, NV 89169
TELEPHONE 702-893-8000 • FAX 702-893-0378

EMBASSY SUITES HOTELS®

Name & Address
Silvernail, Kevin
180 N 8TH AVE
ELGIN OR 97827
UNITED STATES OF AMERICA

814/KNGN
9/16/2015 1:36:00 PM
Room
Arrival Date 9/20/2015
Departure Date 2/0
124.00
Adult/Child
Rate Plan LV6
HH #
Room Rate
AL:
Car:

Confirmation Number: 83100393

9/20/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

NOTICE TO DEBIT CARD USERS: Please be advised that Embassy Suites Hotel® is not responsible for any overdraft caused by funds held by your bank to cover room and tax, plus estimated incidental amount of $50.00 per day for your entire stay. Your bank will hold the funds for a minimum of three (3) business days from your checkout date.

Signature

DATE	REFERENCE	DESCRIPTION	AMOUNT
9/16/2015	3912651	GUEST ROOM	$124.00
9/16/2015	3912651	TAXES	$14.88
9/17/2015	3913165	GUEST ROOM	$124.00
9/17/2015	3913165	TAXES	$14.88
9/18/2015	3913701	GUEST ROOM	$124.00
9/18/2015	3913701	TAXES	$14.88
9/19/2015	3914340	GUEST ROOM	$124.00
9/19/2015	3914340	TAXES	$14.88
		BALANCE	$555.52

746272 A

ACCOUNT NO.

CARD MEMBER NAME

THANK YOU FOR STAYING AT THE EMBASSY SUITES - BY HILTON CONVENTION CENTER LAS VEGAS

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

WALDORF ASTORIA HOTELS & RESORTS
CONRAD HOTELS & RESORTS
Hilton HOTELS & RESORTS
DOUBLETREE BY HILTON
EMBASSY SUITES
Hilton Garden Inn
Hampton
HOMEWOOD SUITES Hilton
HOME2 SUITES BY HILTON
Hilton Grand Vacations
HHONORS HILTON WORLDWIDE

3600 PARADISE ROAD
LAS VEGAS, NV 89169
TELEPHONE 702-893-8000 • FAX 702-893-0378

EMBASSY SUITES HOTELS®

Name & Address
Silvernail, Kevin

180 N 8TH AVE

ELGIN OR 97827
UNITED STATES OF AMERICA

Room 1011/KNGN
Arrival Date 9/16/2015 1:37:00 PM
Departure Date 9/20/2015
Adult/Child 2/0
Rate Plan: 124.00
Room Rate LV6
AL:
Car:

Confirmation Number: 83100393

9/20/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

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Signature

DATE	REFERENCE	DESCRIPTION	AMOUNT
~~9/16/2015~~	~~3912421~~	~~GUEST ROOM~~	~~$124.00~~
9/16/2015	3912421	TAXES	$14.88
9/17/2015	3912932	GUEST ROOM	$124.00
9/17/2015	3912932	TAXES	$14.88
9/18/2015	3913468	GUEST ROOM	$124.00
9/18/2015	3913468	TAXES	$14.88
9/19/2015	3914118	GUEST ROOM	$124.00
9/19/2015	3914118	TAXES	$14.88
		BALANCE	$555.52

ACCOUNT NO.

CARD MEMBER NAME

THANK YOU FOR STAYING AT THE EMBASSY SUITES - BY HILTON
CONVENTION CENTER LAS VEGAS

EMBASSY SUITES HOTEL AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE | FOLIO NO./CHECK NO.

746271 A

AUTHORIZATION | INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

WALDORF ASTORIA HOTELS & RESORTS
CONRAD HOTELS & RESORTS
Hilton HOTELS & RESORTS
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EMBASSY SUITES
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3600 PARADISE ROAD
LAS VEGAS, NV 89169
TELEPHONE 702-893-8000 • FAX 702-893-0378

EMBASSY SUITES HOTELS®

Name & Address
Silvernail, Kevin
180 N 8TH AVE
ELGIN OR 97827
UNITED STATES OF AMERICA

722/KNGN
9/16/2015 1:35:00 PM
Room
Arrival Date 9/20/2015
Departure Date 2/0
124.00
Adult/Child
Rate Plan: LV6
Room Rate
AL:
Car:

Confirmation Number: 83100393

9/20/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party, require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

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Signature

DATE	REFERENCE	DESCRIPTION	AMOUNT
~~9/16/2015~~	~~3912629~~	~~GUEST ROOM~~	$124.00
9/16/2015	3912629	TAXES	$14.88
9/17/2015	3913143	GUEST ROOM	$124.00
9/17/2015	3913143	TAXES	$14.88
9/18/2015	3913679	GUEST ROOM	$124.00
9/18/2015	3913679	TAXES	$14.88
9/19/2015	3914318	GUEST ROOM	$124.00
9/19/2015	3914318	TAXES	$14.88
		BALANCE	$555.52

746270 A

ACCOUNT NO.

CARD MEMBER NAME

THANK YOU FOR STAYING AT THE EMBASSY SUITES - BY HILTON

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

CONVENTION CENTER LAS VEGAS

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

WALDORF ASTORIA® HOTELS & RESORTS
CONRAD HOTELS & RESORTS
Hilton HOTELS & RESORTS
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EMBASSY SUITES
Hilton Garden Inn
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HOMEWOOD SUITES by Hilton
HOME2 SUITES BY HILTON
Hilton Grand Vacations
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The Phoenix
594 N.E. Bellevue
(541) 317-0727

Date: Sep25'15 06:24PM
Card Type: Visa/M.C.
Acct #: XXXXXXXXXXXX0576
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 025671
Check: 2790
Table: 24
Server: 98 Brandee

Subtotal: 84.00

* *

Tip: 12.00

Total: 96.00

Customer Copy

FRIDAY NIGHT DINNERS
FOR ALAN, KATHY & BRENT.

511 10 43 00

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Oregon Health Authority

Drinking Water Services - Operator Certification

Instructions for Completing the Exam Application

Read Rules for Operator Certification (OAR 333-061-0205). Certification is meant for operators with hands-on experience and those making direct decisions affecting water quality and/or water quantity. Substitute credit can be given for duties other than those for the certification you require. See Rules (OAR 333-061-0245 6.b) When you compile your documentation, review the minimum experience and education requirements for the exam being sure you have documented sufficient education and/or experience to meet these requirements. All experience must be met by the application signaute date to qualify to sit for the exam. Mail your application early! If you have submitted a copy of your high school diploma or GED with a previous application, you do not need to submit another. All previous applications and affidavits remain in our files.

Applications may be received at any time. Applications will be reviewed based on date received. All exams are now computer exams and are held throughout the state and offered at *any* time. However, applications will not be reviewed during the renewal period, November, December and January. Applicants will have 90 days from approval date to schedule and take the exam. If the applicant does not take the exam in the 90 day window, they will forfeit their application and fees.

Your application must include the correct Application Fee amount. (see below). When you schedule your exam with AMP, you will pay the Exam Fee directly to AMP. The current **AMP Exam Fee is $95.00.**

FEES: Application review fee is non refundable

VISA

Make check payable to: Oregon Health Authority
Mail application & fee to: Cashier, P.O. Box 14260, Portland, OR 97293-0260

INV 00150716-02

Level 1 = $50
~~Level 2 = $70~~
Level 3 = $90
Level 4 = $110
FE = $50

401-534-10-49-00

Exam Application Includes:

- Copy of high school diploma or GED (scores) (unless already on file) OR 2 year AA degree (Water/wastewater technology), or 4-5 year college degree

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Oregon Water Operator Certification Program | Oregon Water Distribution Operator - Class 2 Examination

My Contact Information

DANIEL LARMAN
345 SOUTH 6TH STREET
ELGIN OR 97827

Status: Appointment Scheduled

Status Details

Oregon Water Distribution Operator - Class 2 Examination
Tuesday, October 27, 2015 at 1:30 PM
Kennewick, Washington Test Center

Reschedule View Map Add to Calendar

Correspondence

Appointment Confirmation for Tuesday 10/27/2015 at 1:30 PM
Receipt

Candidate Support Center Information

(888) 519-9901

Additional Information

Application
Special Accommodations Forms

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Order Confirmation

Thank you, your order has been placed successfully.

An email confirmation will be sent to you shortly. Print this page for your records.

To access your purchased products in the future or to check your order status, visit your Adobe account.

Order date: Jul 30, 2015
Order number: AD017451711
Status: Processed

Billing & Shipping

Billing information:

Brock Eckstein
City of Elgin
PO Box 128
180 N 8th Ave
Elgin, Oregon 97827-0128
United States
541-437-2253

Visa XXXXXXXXXXXX0576
02/2016

Order Summary

Creative Cloud single-app membership for Acrobat Pro DC (one-year)
Quantity: 1

US$14.99
Renews monthly

Download

Subtotal	US$14.99
Shipping	US$0.00
Tax	US$0.00
Total	US$14.99

Visa monthly
billing -
software for office

594-14-64-00

fuel for City Manager meetings

ELGIN SHOP- N-GO
00093879
785 ALBANY STREET
ELGIN, OR
09/30/2015 18770307
01:20:16 PM

XXXXXXXXXXXX0576
VISA
INVOICE E/7932944
AUTH 030538

PUMP# 1
UNLEAD REG 29.285G
PRICE/GAL $2.589

FUEL TOTAL $ 75.82

CREDIT $ 75.82

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